

(THU) 1.24.08 16:48/ST. 16:47/NO. 4863512519 P. 1

Map MD

Rev 94-97

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER AGUA CALIENTE BAND OF CAHUVILLA INDIANS		Date of This Filing 01/24/2008 Report No. 01242008 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	RECEIVED AND FILED in the Office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R/B
AREA CODE/PHONE NUMBER (760) 325-3400	ID. NUMBER (if applicable) 496128			
STREET ADDRESS				
CITY PALM SPRINGS, CA	STATE CA ZIP CODE 92262			

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/21/2008	COALITION TO PROTECT CALIFORNIA'S BUDGET & ECONOMY, YES ON 94,95,06,97, SPONSORED BY A GROUP OF INDIAN GAMING TRIBES (#1300585) SACRAMENTO, CA 95814	PROPOSITIONS 94,95,96,97 STATEWIDE	94,325.00	02/05/2008
01/23/2008	COALITION TO PROTECT CALIFORNIA'S BUDGET & ECONOMY, YES ON 94,95,06,97, SPONSORED BY A GROUP OF INDIAN GAMING TRIBES (#1300585) SACRAMENTO, CA 95814 ESTIMATE	PROPOSITIONS 94,95,96,97 STATEWIDE	27,734.00	02/05/2008

Reason for Amendment: _____

FROM

SMO

PROP 94

Slate Mailer Late Payment Report

Type or print in ink.
Amounts may be rounded to whole dollars.

SLATE MAILER LATE PAYMENT REPORT

RECEIVED AND FILED
in the office of the Secretary of
of the State of California

CALIFORNIA
FORM 498

For Official Use Only

JAN 24 2008

DEBRA BOWEN
Secretary of State

R/107m

☐ Amendment No. _____

Report No. _____ 001

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

San Bernardino County Safety Employees'
Benefit Association Slate Mailer Organization

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

CITY

STATE

ZIP CODE

(909) 885-6074

1263628

San Bernardino CA, 92408

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Coalition to Protect CA Budget & Economy

1300585

ADDRESS

CITY

STATE

ZIP CODE

Sacramento, CA 95814

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/23/2008

AMOUNT

\$

18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Referendum Petition to Overturn Amendment to
Indian Gaming Compact 94

☒ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

Statewide

\$

18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

SMD

PROP 95

Slate Mailer Late Payment Report

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SLATE MAILER LATE PAYMENT REPORT

☐ Amendment No. _____

Report No. _____ 002

Date Stamp

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JAN 24 2008

CALIFORNIA
FORM

498

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NAME OF SLATE MAILER ORGANIZATION

San Bernardino County Safety Employees'
Benefit Association Slate Mailer Organization

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

(909) 885-6074

1263628

STREET ADDRESS

DEBRA BOWEN
tary of State

CITY

STATE

ZIP CODE

San Bernardino CA, 92408

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Coalition to Protect CA Budget & Economy

1300585

ADDRESS

CITY

STATE ZIP CODE

Sacramento, CA 95814

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/23/2008

AMOUNT

\$

18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Referendum Petition to Overturn Amendment to
Indian Gaming Compact 95☒ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

Statewide

\$

18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

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☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

SMO

PROP 96

Slate Mailer Late Payment Report

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SLATE MAILER LATE PAYMENT REPORT

☐ Amendment No. _____

Report No. _____ 003

Date Stamp

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FORM

498

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NAME OF SLATE MAILER ORGANIZATION

San Bernardino County Safety Employees'
Benefit Association Slate Mailer Organization

AREA CODE/PHONE NUMBER OPTIONAL: FAX/E-MAIL

I.D. NUMBER

(909) 885-6074

1263628

STREET ADDRESS

DEBRA BOWEN
Secretary of State

CITY

STATE

ZIP CODE

San Bernardino CA, 92408

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Coalition to Protect CA Budget & Economy

1300585

ADDRESS

CITY

STATE ZIP CODE

Sacramento, CA 95814

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/23/2008

AMOUNT

\$

18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Referendum Petition to Overturn Amendment to
Indian Gaming Compact 96

☒ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

Statewide

\$

18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

SMO

PROP 97

Slate Mailer Late Payment Report

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JAN 24 2008

DEBRA BOWEN
Secretary of State

R

☐ Amendment No. _____

Report No. _____ 004

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

San Bernardino County Safety Employees'
Benefit Association Slate Mailer Organization
AREA CODE/PHONE NUMBER OPTIONAL: FAX/E-MAIL

I.D. NUMBER

CITY

STATE

ZIP CODE

(909) 885-6074

1263628

San Bernardino CA, 92408

Late Payment(s) Received From:

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME

I.D. NUMBER (if applicable)

Coalition to Protect CA Budget & Economy

1300585

ADDRESS

CITY

STATE ZIP CODE

Sacramento, CA 95814

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

01/23/2008

AMOUNT

\$

18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Referendum Petition to Overturn Amendment to
Indian Gaming Compact 97☒ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

Statewide

\$ 18,275.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT☐ OPPOSEOFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

MD

PROP 94, 95, 96 & 97

Late Contribution Report

Type or print in ink.
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LATE CONTRIBUTION REPORT

NAME OF FILER Pechanga Band of Luiseno Indians			Date of This Filing <u>01/24/2008</u>		RECEIVED AND FILED Date Stamp in the office of the Secretary of State of the State of California JAN 24 2008 DEBRA BOWEN Secretary of State		CALIFORNIA FORM 497 For Official Use Only R	
AREA CODE/PHONE NUMBER (909) 676-2768		I.D. NUMBER (if applicable) 498071		Report No. <u>LCM-80123</u>				
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages <u>2</u>		1/2	
CITY Temecula		STATE CA		ZIP CODE 92593				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

MD

PROP 94, 95, 96 & 97

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER
Pechanga Band of Luiseno Indians

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

498071

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This FilingRECEIVED AND FILED
in the office of the Secretary of State
of the State of CaliforniaCALIFORNIA
FORM 497

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Report No.

JAN 24 2008

☐ Amendment
to Report No.
(explain below)DEBRA BOWEN
Secretary of State

No. of Pages

2/2

R

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/23/2008 1	Coalition to Protect California's Budget & Economy Sacramento CA 95814 ID: 1300585 Ref: <input type="checkbox"/>	Statewide 94 95 96 97 Ballot: Dist:	8670000.00	02/05/2008
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: